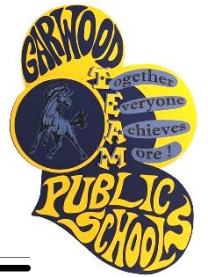


# GARWOOD PUBLIC SCHOOLS

www.garwoodschoools.org



Lincoln School  
400 Second Avenue  
Garwood, New Jersey 07027  
908-789-0331 ext. 2102

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To prevent the spread of COVID-19 and reduce the potential risk of exposure to our school community, we are asking that parents/guardians conduct a simple daily screening questionnaire based on CDC guidelines. Your participation is essential to help us protect our Lincoln School community. **Parents/Guardians MUST use this questionnaire daily to decide if their child should attend school.**

Name(s) of child(ren) attending Lincoln School: \_\_\_\_\_

Has your child or is your child experiencing any of the following signs or symptoms?

## **Screening Questions**

1. Fever or Chills **Yes / No**
2. New Cough (excludes asthma, allergies) **Yes / No**
3. Shortness of Breath or difficulty breathing **Yes / No**
4. New loss of taste or smell **Yes / No**
5. Sore throat **Yes / No**
6. Unexplained fatigue **Yes / No**
7. Muscle or body ache (unrelated to exercise) **Yes / No**
8. New (unusual) Headache **Yes / No**
9. Nasal Congestion or runny nose **Yes / No**
10. Diarrhea **Yes / No**
11. Nausea or vomiting or new gastrointestinal concerns **Yes / No**
12. Traveled or had close contact with anyone who has traveled abroad or to one of the states on the NJ.gov travel advisory list in the last 14 days?
13. Have you or someone in your household had close contact with someone who is currently sick?
14. Have you or someone in your household been diagnosed with COVID-19 in the past three weeks or have reason to believe that you or someone in your household has COVID-19?

**If you answered yes to any of the above questions, you MUST keep your child home. If you answered yes to questions 1-11, you should contact your health care provider.**

**I attest that I will conduct DAILY screenings of my child(ren) and the above information will be truthful and accurate. I also pledge to follow all Lincoln School protocols and procedures to minimize the risk of COVID-19 transmission, including wearing a mask at all times while on Lincoln School property.**

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_